

African Community Services of Peel

10 Gillingham Drive Suite 308, Brampton, ON, L6X 5A5

ASSUMPTION OF RESPONSIBILITY, RISKS AND LIABILITY WAIVER FOR ALL PARTICIPANTS OF AFRICAN COMMUNITY SERVICES OF PEEL PROGRAMS

By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to you, your family or to your property or your family members death however caused arising out of your or your family member's participation in African Community Services of Peel programs (hereunder referred to as ACSP) , now or any time in the future.

I _____, or Parent/Guardian of:

(1) _____, (2) _____

ACKNOWLEDGE AND AGREE to participate in the -----Program and I understand that it has inherent risks.

I have full knowledge of the nature and extent of all risks associated with the program I am participating in (Ex: exercising, running, playing, and working or assisting newcomers(s)and in all settlement and Youth Programs ,including but not limited to:

GAMES, SONGS, MOVIES, EXERCISES, SNACKS AND/OR LUNCH, INSTRUCTION, IF ANY, AND ANY OTHER ACTIVITY ASSOCIATED WITH Programs ON AND AFTER THE DATE HEREOF.

I further acknowledge that the above list is not inclusive of all possible risks associated with the program(s) in consideration of my or my child participation and that the above list in no way limits the extent or reach of this release and covenant not to sue.

My OR my child's participation in the ----- Program, I, the undersigned user, agree: to release, indemnify, and hold harmless, on behalf of myself, my heirs, representatives, executors, administrators, and assigns HEREBY DO RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE African Community Services of Peel, its directors, its officers, employees, volunteers, agents, trainees (hereafter collectively referred to as ACSP Program) from any cause of action, claims, or demands of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against ACSP Program, on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my use of the ACSP service or facility, whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of ACSP- Program, its officers, directors, agents, volunteers and employees.

I hereby certify that I/ my child is in good health and that my child has no physical limitations, which would preclude their safe participation in the ACSP Program. I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, after having read it to its entirety.

Signature of Participant's Parent/Guardian/Caregiver

Signed at _____ on this _____ day of _____ 20____